ALTERNATIVE ROUTE TO CERTIFICATION PROGRAM APPLICATION

Department of Education, Accreditation & Teacher Quality, 700 Governors Drive, Pierre, SD 57501 Telephone: 605.773.3553

Please complete this appl	ication and the Applic	ant Conduct Revi	ew Statement and send b	oth to the above address.
Year you hope to begi	in the program:			
Social Security Numb	er:			
Last Name	First	Initial	Date of Birth	
Street Address			Phone	
City/State Zip+4			Email Address	
	rned, beginning v e/University	City/State		Major
(Official transcripts are rec	quired)			
School district where	you are employed	:		
Teaching assignment	at the school distri	ct:		
Citizenship and Oatl Are you a citizen of th	C		_NO	
If "NO", of which cou Note: Legal aliens are not a copy of his/her green can	required to sign the o			_ legal alien status, such as
I do solemnly swear (Constitution of the Ur in this application is to	nited States and of	the State of So	outh Dakota and the in	
Signature of Applican	t		State of)
Subscribed to and swo			County of)ss)
Commission Expiration	on Date		ISSUED	HR SDIS
Signature of Notary P			CERT TYPE	FEE

APPLICANT CONDUCT REVIEW STATEMENT SDCL 13-42-9, 13-42-10, 25-7A-56

GENERAL INFORMATION AND INSTRUCTIONS

Applicants must respond to all questions before an application for certification can be processed.

IDENTIFICATION INFORMATION	
Applicant Full Name(Last, First, Middle)	Previous Full Name or (nickname)
Social Security Number	Date of Birth (Mo., Date, Year)
or documentation requested could lead to denial of a certi	complete manner or failure to provide truthful information ificate to teach or hold an administrative certificate in South against any teaching or school administrative certification
requested materials to your application, numbering the att	response, follow the instruction given. Please attach any/all tachments with the number of the applicable item. If you do not accompany your application, your application may be
1. Have you ever been charged, indicted, summon	ed or tried in any criminal matter?
□ YES □ NO	
matter/offense. Please attach all certified documents	hardcopy all certified documents relating to the criminal to your application and mail to: Teacher Certification, South Dakota 57501. For questions regarding the Conduct 73-4705.

2. Have you ever been convicted, been charged with, or pleaded guilty to any crime?

The term **conviction** includes a finding of guilt by a judge or jury, or admission of guilt or plea of guilty, or a plea without an admission of guilt. You must include those crimes where the sentence was stayed, suspended, executed or you received a suspended imposition of sentence.

The term <u>crime</u> includes misdemeanor and felony offenses. It does not include petty offenses such as minor traffic offenses, including but not limited to: Speeding tickets, stop sign violations, or careless driving offenses. If you are not sure whether the crime would be a minor offense, please include the offense.

All persons hired by a school district (either directly or by contract/agreement) shall submit to a criminal background check investigation by means of fingerprint checks by the Division of Criminal Investigation and Federal Bureau of Investigation.

		13-10-12. Criminal convictions may be considered in hiring decisions. SDCL 13-10-13 Suspension or tion of Employee for criminal conviction shall be reported to the Department of Education. SDCL 13-
[□ YES	\square NO
-	If YES	S – Please explain briefly. Please attach certified court documents indicating the crime for which you were convicted, the dates of your conviction or plea of guilty, and the dates you were sentenced, and the sentence imposed. If you have been discharged from probation, include information regarding your discharge from probation. If you are currently on probation, provide the name and telephone number of your probation officer. Please attach all court documents to your application form and mail to: Teacher Certification, Department of Education, 700 Governors Drive, Pierre, South Dakota, 57501 For questions regarding the Conduct Review Statement, you may contact Lisa Lomheim at 605 -773 -4705.
- - 3	Hac it	ever been determined by a judge or jury in South Dakota or elsewhere that a child or minor
Э.		eas abused or neglected through your actions or omission?
	□ YES	\square NO
→]	f YES –	Please explain briefly and provide court documents.
4.	Have y	ou ever been in arrears or failed to pay child support in this state or elsewhere?
	Certific	ates will not be issued to anyone in child support arrears according to SDCL 25-7A-56.
	□ YES	\square NO
→]	f YES –	Please explain briefly and provide court documents.

9. Is there any information not disclosed by your answers concerning your background, history, experience, education, or activities which may have some bearing on your character, moral fitness, or eligibility to teach or hold an administrative position in South Dakota and which should be placed at the disposal or brought to the attention of the South Dakota Department of Education?
\square YES \square NO
→ If YES, state the facts fully, but concisely.
* The Secretary of the Department of Education may deny, revoke or suspend a certificate for any cause which would have prevented its issue, plain violation of contract, gross immorality, incompetency, violation of the Code of Ethics effective July 1, 2001, flagrant neglect of duty or conviction of a crime involving moral turpitude. SDCL 13-42-7, 13-42-9 and 13-42-10. The Secretary may suspend any certificate for a period not to exceed one year for breaking or jumping a contract, if such suspension is requested by the school board. However, the secretary may not suspend a certificate for breaking or jumping a contract if the school board collected liquidated damages pursuant to the terms of the contract. SDCL 13-42-9.
AUTHORIZATION
I hereby authorize the Department of Education to review and inspect any and all records maintained by the State of South Dakota, Tribal entities and/or the Federal Government for the purpose of verifying the answers submitted above.
I further agree to provide any additional documentation or records requested by the South Dakota Department of Education that pertains to information submitted as a part of this application.
I declare and affirm under penalties of perjury pursuant to SDCL 22-29-9.1 that this application has been examined by me, and to the best of my knowledge and belief, is in all things true, accurate, complete and correct. I understand that any intentional falsification, misrepresentation or omission of facts or falsification of statements on accompanying documents may result in criminal charges and/or the denial of certification, and could affect the status of my teaching or school administrative certificate.
Signature of Applicant Date